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MAY 22 2006

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33031 7590 02/17/2006

CAMPBELL STEPHENSON ASCOLESE, LLP
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05/23/2006 WABDEL3 00000063 502306 09663252

01 FC:1501 1400.00 DA
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Samuel G. Campbell III	(Depositor's name)
<i>AM Campbell</i>	(Signature)
<i>5/17/06</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/663,252	09/15/2000	Sekaran Nanja	VRT0069USXXXXXX	3800

TITLE OF INVENTION: USER INTERFACE FOR DYNAMIC COMPUTING ENVIRONMENT USING ALLOCATEABLE RESOURCES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> \$1400	\$0	<input checked="" type="checkbox"/> \$1400	05/17/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
DU, THUAN N		2116	713-001000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Campbell Stephenson
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1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

VERITAS Operating Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Mountain View, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 502306 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

AM Campbell

Date

5/17/06

Typed or printed name

Samuel G. Campbell III

Registration No. 42,381

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